

PLAN REVIEW APPLICATION

1. ☐ NEW PLAN REVIEW ☐ RESUBMITTAL

ASSOCIATED EXISTING PROJECT: P0 _____

EXISTING PROJECT NAME: _____

2. REVIEW TYPE:**ARCHITECTURAL REVIEW****3. Project Name:** _____

Street Address: _____

Suite or Space No: _____

City: _____ Within city limits? ☐ Yes ☐ No

State: LA Zip: _____ - _____ Parish: _____

☐ STATE OWNED ☐ STATE LICENSED ☐ STATE LEASED ☐ MUNICIPAL PROJECT☐ PRIVATE PROJECT ☐ FEDERALLY OWNED ☐ FEDERALLY FUNDED

- Complete the following --- if the Building has more than one story?

Number of Stories: _____ Project is on which floor(s)? _____

Is this a high-rise building? ☐ Yes ☐ No*A high rise is defined as a building with 7 stories or more or 49 ft high or taller.*

Estimated Cost of Project: \$ _____

Project Description: _____

_____**4. REVIEW TYPE:**☐ NEW CONSTRUCTION☐ Complete Build-out ☐ Partial Build-out ☐ Foundation Only ☐ Shell Only

- Are you pursuing a DHH License for a Healthcare facility? ☒ Yes ☐ No

☐ RENOVATION OR ADDITION TO AN EXISTING BUILDING☐ Alteration Level 1
(Minor alterations or repairs)☐ Alteration Level 2
(<50% of the square footage of the building)☐ Alteration Level 3
(50% or more of the sq ftg of the building)☐ Addition(s)☐ Change in use of the building

Date of Original Building: _____

Date of latest major
renovation to this bldg: _____

Existing Square Feet: _____

Addition Square Feet: _____

Renovated Square Feet: _____

PREVIOUS OCCUPANCY:☐ ASSEMBLY ☐ INSTITUTIONAL ☐ BUSINESS ☐ MERCANTILE ☐ EDUC/DAY-CARE ☐ RESIDENTIAL☐ FACTORY/INDUSTRIAL ☐ STORAGE ☐ HIGH HAZARD ☐ UTILITY/MISCELLANEOUS ☐ UNKNOWN

- Are you pursuing a DHH License for a Healthcare facility? ☒ Yes ☐ No

☐ Kitchen Exhaust Hood Construction ☐ Paint Booth Construction ☐ Generator Installation☐ Clean Agent Room Construction ☐ Level I ☐ Level II☐ TEMPORARY CONSTRUCTION BUILDING INSTALLATION OR TENTS

Number of Temporary Buildings or Tents: _____ Number of Months Building or Tent will be Utilized: _____

5. ENERGY CODE COMPLIANCE

- ☐ COMcheck complies ☐ YES ☐ NO ☐ EXEMPT
☐ REScheck complies ☐ YES ☐ NO ☐ EXEMPT
☐ Not Applicable / REASON FOR EXCEPTION _____

6. LOUISIANA STATE UNIFORM CONSTRUCTION CODE

- ☐ Parish or Municipal Permitting Office

- ☐ Office of State Fire Marshal (*ELIGIBLE JURISDICTIONS ONLY*)

• **Design Loads**

First Floor Live Loads: _____ Floor Live Loads above the 1st floor: _____ Corridor Live Loads: _____

Roof Live Loads: _____ Roof (Ground) Snow Loads: _____

• **Wind Design Data**

Disclaimer: The Ultimate Design Wind Speed value is based on the verified map location for the project. For Components & Cladding Wind Pressure, please indicate the largest value when multiple values are applicable.

Ultimate Design Wind Speed: _____

Nominal Design Wind Speed: _____ Risk Category: _____

Wind Exposure Category: _____ Applicable Internal Pressure Coefficient: _____

Components & Cladding Wind Pressure: _____

• **Flood Design Data**

Adjusted Base Flood Elevation (ABFE): _____ Finish Floor Elevation: _____

Elevation of Lowest Member: _____

Flood Zone: _____ Base Flood Elevation: _____ Design Flood Elevation: _____

- ☐ Registered Third Party Provider Third Party Provider's LSUCCC Registration Number: _____

7. OCCUPANCY CLASSIFICATION(s)

- ☐ ASSEMBLY _____ square feet
☐ 50 TO 299 OCCUPANTS ☐ 300 TO 499 OCCUPANTS
☐ 500 TO 999 OCCUPANTS ☐ 1,000 OCCUPANTS OR MORE
☐ Group A-1 ☐ Group A-2 ☐ Group A-3 ☐ Group A-4 ☐ Group A-5

- ☐ INSTITUTIONAL _____ square feet

- ☐ Group I-1 (Group Care)

Group I-2 (Health Care)

- ☐ HOSPITAL ☐ LIMITED CARE FACILITY ☐ NURSING HOME

Group I-3 (Detention/Correction)

- ☐ CONDITION 1 ☐ CONDITION 2 ☐ CONDITION 3 ☐ CONDITION 4

- ☐ Group I-4 (Day-Care)

Number of Children over 2-1/2 years of age: _____

Number of Children 2-1/2 years of age or less: _____

Number of Adults (if Adult Day Care): _____

- ☐ BUSINESS _____ square feet

- ☐ MERCANTILE _____ square feet

- ☐ Class A (>30,000 sq. ft.)
☐ Class B (Between 3,000 and 30,000 sq. ft.)
☐ Class C (<3,000 sq. ft.)

☐ EDUCATIONAL OR DAY-CARE _____ square feet

☐ School/Classroom

☐ Day Care

Number of Children over 2-1/2 years of age: _____

Number of Children 2-1/2 years of age or less: _____

Number of Adults (if Adult Day Care): _____

☐ RESIDENTIAL _____ square feet

☐ Group R-1 (Hotel/Motel - Primarily Transient)

☐ Group R-2 (Apartments- Primarily Permanent)

☐ Group R-3 (Small Miscellaneous)

☐ Group R-4 (Small Residential Care for <16 Occupants)

• Number of Occupants: _____

☐ FACTORY / INDUSTRIAL _____ square feet

☐ Group F-1 (Moderate Hazard)

☐ Group F-2 (Low Hazard)

☐ High Hazard

☐ GROUP H-1 DETONATION HAZARD

☐ GROUP H-2 DEFLAGRATION HAZARD

☐ GROUP H-3 COMBUSTIBLE HAZARD

☐ GROUP H-4 HEALTH HAZARD

☐ GROUP H-5 HAZARDOUS PRODUCTION MATERIALS

☐ STORAGE _____ square feet

☐ GROUP S-1 (Moderate Hazard) → Identify the materials to be stored: _____

☐ GROUP S-2 (Low Hazard) → _____

☐ HIGH HAZARD

☐ GROUP H-1 DETONATION HAZARD

☐ GROUP H-2 DEFLAGRATION HAZARD

☐ GROUP H-3 COMBUSTIBLE HAZARD

☐ GROUP H-4 HEALTH HAZARD

☐ GROUP H-5 HAZARDOUS PRODUCTION MATERIALS

☐ UTILITY / MISCELLANEOUS _____ square feet

Provide a Description of Use: _____



TOTAL SQUARE FEET OF THE AREA UNDER REVIEW: _____ SQ FT

8. ADDITIONAL FEATURES

(Select ALL applicable fire protection or occupancy features that are associated with this project)

- | | | |
|---|---|---|
| <input type="checkbox"/> Sprinkler System – 13 | <input type="checkbox"/> Stage or Platform | <input type="checkbox"/> Motor-Vehicle Related |
| <input type="checkbox"/> Sprinkler System – 13 D | <input type="checkbox"/> Aircraft Related | <input type="checkbox"/> Special Amusement |
| <input type="checkbox"/> Sprinkler System – 13 R | <input type="checkbox"/> Owned and Operated By a Religious Entity | <input type="checkbox"/> Hazardous Materials |
| <input type="checkbox"/> Kitchen Hood Fire Suppression System | <input type="checkbox"/> Fire Alarm System | <input type="checkbox"/> University / College |
| <input type="checkbox"/> Boiler(s) | <input type="checkbox"/> Special Locking System(s) | <input type="checkbox"/> Emergency Shelter |
| <input type="checkbox"/> Clean Agent | <input type="checkbox"/> Paint Booth | <input type="checkbox"/> Generator (Required) |
| <input type="checkbox"/> Covered Mall Building | <input type="checkbox"/> Casino/Gaming Area | <input type="checkbox"/> Generator (Non-Required) |
| <input type="checkbox"/> Underground Building | <input type="checkbox"/> Atrium | <input type="checkbox"/> Ambulatory Health Care |

9. CONSTRUCTION TYPE

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> V-B / V(000)
(NON-RATED WOOD) | <input type="checkbox"/> V-A / V(111)
(FIRE-RATED WOOD) | <input type="checkbox"/> IV-HT / IV(2HH)
(HEAVY TIMBER) | <input type="checkbox"/> III-B / III(200)
(COMBINATION WOOD/STEEL/CONC) |
| <input type="checkbox"/> III-A / III(211)
(COMBINATION
WOOD/STEEL/CONC) | <input type="checkbox"/> II-B / II(000)
(NON-RATED STEEL/CONC) | <input type="checkbox"/> II-A / II(111)
(1 HOUR RATED STEEL/CONC) | <input type="checkbox"/> I-B / II(222)
(2 HOUR RATED STEEL/CONC) |
| <input type="checkbox"/> I-A / I(332)
(3 HOUR RATED STEEL/CONC) | <input type="checkbox"/> I-A / I(442)
(4 HOUR RATED STEEL/CONC) | <input type="checkbox"/> Not Provided / Unknown | |

10. APPLICANT(S) (P.O.R. / OWNER / TENANT / CONTRACTOR / ADDITIONAL CONTACT)

☐ PROFESSIONAL OF RECORD

P.O.R is a Louisiana Licensed ☐ Engineer Louisiana License Number: _____

☐ Architect Louisiana License Number: _____

_____ LAST NAME	_____ FIRST NAME	_____ MIDDLE NAME	_____ SUFFIX
_____ NAME OF FIRM	_____ PHONE	_____ FAX	_____ EMAIL
_____ STREET ADDRESS			
_____ ZIP Code	_____ PARISH/COUNTY	_____ CITY	_____ STATE

☐ OWNER

_____ LAST NAME	_____ FIRST NAME	_____ MIDDLE NAME	_____ SUFFIX
_____ NAME OF FIRM	_____ PHONE	_____ FAX	_____ EMAIL
_____ STREET ADDRESS			
_____ ZIP Code	_____ PARISH/COUNTY	_____ CITY	_____ STATE

☐ TENANT

_____ LAST NAME	_____ FIRST NAME	_____ MIDDLE NAME	_____ SUFFIX
_____ NAME OF FIRM	_____ PHONE	_____ FAX	_____ EMAIL
_____ STREET ADDRESS			
_____ ZIP Code	_____ PARISH/COUNTY	_____ CITY	_____ STATE

☐ **CONTRACTOR**

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
NAME OF FIRM	PHONE	FAX	EMAIL
STREET ADDRESS			
ZIP Code	PARISH/COUNTY	CITY	STATE

☐ **ADDITIONAL CONTACT**

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
NAME OF FIRM	PHONE	FAX	EMAIL
STREET ADDRESS			
ZIP Code	PARISH/COUNTY	CITY	STATE

11. DOCUMENTS PROVIDED FOR REVIEW

☐ Correspondence ☐ Plans ☐ Shop Drawings ☐ Specifications ☐ Photographs

12. REVIEW FEE & PAYMENT (See the FEE SCHEDULE on the following pages to determine the required fee)

- Money orders, cashier's checks, certified checks, and company checks are accepted. Personal checks accepted – must include LA driver's license number on check.
- State Projects are projects contracted through LA Facility Planning and Control. **LSUCC REVIEWS ARE NOT PERFORMED BY THIS OFFICE.** State Projects, both full reviews and exemption requests, are fee exempt except for Project Re-submittals. Fee exemptions are NOT allowed for Project Re-submittals.
- Municipal Projects include all city, parish, and federal projects. Except for Project Re-submittals, Municipal Projects are charged a flat review fee of \$20 for the Base Review Fee. In addition to the Base Review Fees, full LSUCC Review Fees apply for Municipal Projects where requests for LSUCC review service are accepted. Fee exemptions are NOT allowed for Project Re-submittals.

Plan Review Fee Schedule

In accordance with R.S.40:1574.1 and R.S.40:1730.41, the owner of the project who submits the plans and specifications shall pay to the Office of State Fire Marshal, Code Enforcement and Building Safety a plan review or document fee based on the "**Base Review Fee**" indicated in the following schedule.

In addition, in the instance the State Fire Marshal inspects plans and specifications on behalf of a political subdivision and others for compliance with the State Uniform Construction Code under authority of R.S. 40:1730.39.A, the applicant shall pay to the office of state fire marshal, code enforcement and building safety, an additional plan review or document fee based on the "**LSUCC Review Fee**" indicated in the following schedule.

Occupancy	Square Footage	Base Review Fee	LSUCC Review Fee	Total Review Fee
ASSEMBLY Groups A-1, A-2, A-3, A-4, A-5	0 - 2500	\$55.00	+ \$280.00	= \$335.00
	2,501 - 4,500	\$85.00	+ \$420.00	= \$505.00
	4,501 - 10,000	\$205.00	+ \$1,015.00	= \$1,220.00
	10,001 - 50,000	\$305.00	+ \$1,501.00	= \$1,806.00
	50,001 - 100,000	\$405.00	+ \$1,960.00	= \$2,365.00
	100,001 and over	\$555.00	+ \$1,960.00 + .010/sqft over 100,000sqft	= \$2,515.00 + .010/sqft over 100,000sqft

EDUCATIONAL or DAYCARE Groups E, I-4	0 - 5,000	\$55.00	+ \$280.00	= \$335.00
	5,001 - 10,000	\$85.00	+ \$420.00	= \$505.00
	10,001 - 30,000	\$125.00	+ \$615.00	= \$740.00
	30,001 - 80,000	\$225.00	+ \$1,105.00	= \$1,330.00
	80,001 - 150,000	\$325.00	+ \$1,595.00	= \$1,920.00
	150,001 and over	\$425.00	+ \$1,595.00 + .010/sqft over 150,000sqft	= \$2,020.00 + .010/sqft over 150,000sqft
HEALTH CARE, INSTITUTIONAL, or DETENTION (Includes Limited Care/Assisted Living facilities) Groups I-2, I-3	0-2,000	\$205.00	+ \$280.00	= \$485.00
	2,001-5,000	\$205.00	+ \$510.00	= \$715.00
	5,001-10,000	\$205.00	+ \$765.00	= \$970.00
	10,001-20,000	\$305.00	+ \$1,015.00	= \$1,320.00
	20,001-30,000	\$405.00	+ \$1,015.00	= \$1,420.00
	30,001-50,000	\$405.00	+ \$1,995.00	= \$2,400.00
	50,001-100,000	\$505.00	+ \$2,485.00	= \$2,990.00
	100,001 and over	\$705.00	+ \$2,485.00 + .020/sqft over 100,000sqft	= \$3,190.00 + .020/sqft over 100,000sqft
	New High rise	\$855	+ \$2,485.00 + .020/sqft over 100,000sqft	+ \$3,340.00 + .020/sqft over 100,000sqft
HOTELS, DORMITORIES, APARTMENTS, LODGING or ROOMING HOUSES, RESIDENTIAL BOARD AND CARE FACILITIES Groups R-1, R-2, R-3, R-4, I-1	0-2,500	\$55.00	+ \$280.00	= \$335.00
	2,501-10,000	\$85.00	+ \$420.00	= \$505.00
	10,001-30,000	\$205.00	+ \$1,015.00	= \$1,220.00
	30,001-80,000	\$305.00	+ \$1,505.00	= \$1,810.00
	80,001-150,000	\$405.00	+ \$1,995.00	= \$2,400.00
	150,001 and over	\$505.00	+ \$1,995.00 + .010/sqft over 150,000sqft	= \$2,500.00 + .010/sqft over 150,000sqft
	New High rise	\$705.00	+ \$1,995.00 + .010/sqft over 150,000sqft	= \$2,700.00 + .010/sqft over 150,000sqft
BUSINESS or MERCANTILE Groups M, B	0-3,000	\$55.00	+ \$280.00	= \$335.00
	3,001-10,000	\$85.00	+ \$420.00	= \$505.00
	10,001-30,000	\$115.00	+ \$580.00	= \$695.00
	30,001-50,000	\$175.00	+ \$860.00	= \$1,035.00
	50,001-150,000	\$225.00	+ \$1,105.00	= \$1,330.00
	150,001 and over	\$325.00	+ \$1,105.00 + .010/sqft over 150,000sqft	= \$1,430.00
	New High rise	\$525.00	+ \$1,105.00 + .010/sqft over 150,000sqft	= \$1,630.00 + .010/sqft over 150,000sqft

INDUSTRIAL or STORAGE Groups F-1, F-2, S-1, S-2, U	0-10,000	\$55.00	+ \$280.00	= \$335.00
	10,001-20,000	\$85.00	+ \$420.00	= \$505.00
	20,001-50,000	\$115.00	+ \$580.00	= \$695.00
	50,001-100,000	\$145.00	+ \$720.00	= \$865.00
	100,001 and over	\$225.00	720.00 + .020/sqft over 100,000sqft	= \$945.00 + .020/sqft over 100,000sqft
HIGH HAZARD Groups H-1, H-2, H-3, H-4, H-5	0-2,000	To be classified as indicated above	+ \$440.00	Base Review Fee + LSUCC Review Fee
	2,001 and over		+ \$440.00 + .030/sqft over 2,000sqft	

Notes:

1. Fee applies to the primary occupancy class of the building, but includes square footage for the total building, even where composed of separate occupancy classes, incidental uses or accessory uses.
2. Only one complete set of plans and specifications shall be submitted to this office for review.
3. Projects with minimal scopes of work (MSW) may be considered for exemption from the full review fee (MSW fee is \$20).